

IN THE ABSTRACT

A quarterly newsletter from the Kentucky Cancer Registry

Large Hospital Edition January 2002

QA UPDATE:

Letters will be mailed out in February regarding the 1st half of the year 2000 re-abstracting audit. The second half of the year 2000 cases will be selected for random re-abstracting audit beginning in April 2002. You will be contacted if your facility is randomly selected. We are making some changes in our QA processes, and your facility may not be chosen every year, especially since SEER also performs re-abstracting audits.

The Kentucky Cancer Registry Regional Coordinators will be auditing the following data items for the year 2000 cases: Lymph nodes examined, lymph nodes positive and lymph nodes removed at surgery. Thank you for your assistance in this audit.

KCR'S 2002 Annual Fall Workshop Plans

Mark your calendars for the next KCR Fall Workshop! September 5 & 6 has been designated as the 2002 workshop dates. Hilton Suites in Lexington Green will once again host the annual meeting, and room rates will be \$89 for a single or double room. More information will follow in future newsletters.

NCRA 2002 Annual Conference

"Data Driven, Knowledge Bound, Destiny: The Cure" is the headline for the upcoming annual meeting for cancer registrars, scheduled for May 22-24, 2002 at the Opryland Hotel in Nashville TN. For additional information and a powerpoint presentation, visit www.ncra-usa.org on the internet. The NCRA Executive Office is located at 1310 Braddock Place, Suite 102, Alexandria VA 22314. Email may be sent as follows: info@ncra-usa.org. Should you need to reach NCRA by phone or fax, applicable numbers are: 703.299.6640 (phone); 703.299.6620 (fax). footnoted-upcomplex-usa.org. Should you need to reach NCRA by phone or fax, applicable numbers are:

KCR TRAINING

The next Operators' Training Class has been scheduled for Friday, February 22nd at KCR headquarters (2365 Harrodsburg Road, Suite A230, Lex KY) from 8:30am through 4:30pm. Interested parties may call Reita Pardee at 859.219.0773 ext 233.❖

CEU's for 2001 Workshop

NCRA has granted approval for 9 hours credit for registrars who attended the KCR Fall 2001 Workshop. In order to claim credit, reference this approval number: 2002-002.

PEOPLE NEWS



Welcome to New Hires:

★ Regina Higgins
★ Dana Murphy
★ Rachel Tanner
★ Sam Underwood, CTR
Jennie Stuart Medical Center, Hopkinsville
Columbia Greenview, Bowling Green
Owensboro/Mercy Health System, Owensboro
Taylor County Hospital, Campbells ville

Resignations:

★ Barbara Milam Columbia Greenview, Bowling Green
★ Sam Underwood, CTR University of Louisville Hospital, Louisville

Congratulations!

New PhD:

★ Thomas Tucker, PhD Director, Kentucky Cancer Registry

New CTRs:

★ Miranda J. Boils, CTR
★ Kim Bradley, CTR
★ Betty Copeland, CTR
★ Jennifer Halsey, CTR
★ Loretta Parke, CTR
Hardin Memorial Hospital, Elizabethtown
Methodist Hospital, Henderson
Western Baptist Hospital, Paducah
KCR Non-Hospital Facility Abstractor
University of Kentucky Hospital, Lexington

GOLDEN BUG AWARD

Kudos to fellow registrar Larry Sutton, our newest golden bug award winner! Larry



discovered a city/county/zip code bug in the CPDMS software. His many years of experience as a cancer registrar at multiple Kentucky hospitals no doubt helped Larry win this coveted award.

"Get Your 'CTR' Right Here..."



Application Deadlines Exam Dates February 1, 2002 March 16, 2002 August 8, 2002 September 14, 2002

Cost to NCRA members: \$175; cost to others: \$250

Certification is administered by the National Board for Certification of Registrars, or NBCR. To obtain complete rules and an application for the exam, go to www.nbcr.org/ctr.html, or contact NBCR at the following address/phone number:

> NBCR Executive Office PO Box 15945-302 Lexena KS 66285-5945

Phone: 913.599.4994 Fax: 913.599.5340

Email: <u>nbcr-info@goAMP.com</u>

REVISION TO ABSTRACTOR'S MANUAL

suspect(ed) suspicious (for)

typical of

Please make sure the following terms have been added to your Abstractor's Manual, pages 8-9:

Using Ambiguous Terminology to Determine Reportability

Consider as diagnostic of cancer	NOT considered diagnostic of cancer*
app are nt(ly)	cannot be ruled out
appears to	equivocal
comparable with	possible
compatible with	potentially malignant
consistent with	que stio nable
favor(s)	rule out
malignant appearing	suggests
most likely	worrisome
presumed	
pro bable	*without additional information

*without additional information

Do not include patients who have a diagnosis consisting only of these terms.

SEER CODING CORNER

SINQ (SEER Inquiry System) public browsing on the web revealed the following questions and answers. It is our hope that these examples will serve registrars across the state as another form of continuing education.

Question 1: What summary stage would be coded for a DCIS breast tumor with one positive lymph

node?

Answer: Summary stage would be regional, regional nodes, and histology would be coded

8500/3.

Question 2: For a colon primary (specific site not given), are involved "mesocolic lymph nodes"

coded as "colic NOS" or "mesenteric NOS"?

Answer: Code them as mesenteric lymph nodes.

Question 3: CT shows a mass in head of pancreas, encompassing hepatic branch of celiac artery.

How is extension coded?

Discussion: We do not code the term "encompasses" as involvement, but should we code as

extension to peripancreatic tissue NOS or as unknown?

Answer: Code extension as 40, Extension to peripancreatic tissue, NOS. There has to be

extension to peripancreatic tissue if the mass encompasses the celiac artery.

Question 4: If tumor size is stated as "at least 2cm", what code do we use? This seems to be different

from >2cm, which could be anything. Stating "at least" seems to indicate that if the tumor is larger than 2cm, it is difficult to ascertain for whatever reason. So should we accept 2cm as the best info we have, or default to 999 because of the lack of specificity?

Answer: Code the size as 020 (2cm), using the rule "code what you know".

Question 5: Prostatic adenocarcinoma, cribriform type. What histologic code?

Answer: The term "type" indicates the majority of the tumor, so the histology would be coded

to cribriform carcinoma, 8201/3. (Reference: SEER Program Code Manual; pg 96.)